

# ICC: Using Information to Link Providers and Patients in a Region

Paul Gionfriddo  
HCAP Meeting

Executive Director  
January 2004



[pgionfriddo@icc-centex.org](mailto:pgionfriddo@icc-centex.org)




# **Common Eligibility: Medicaider/Case Tracker**






# Medicaider

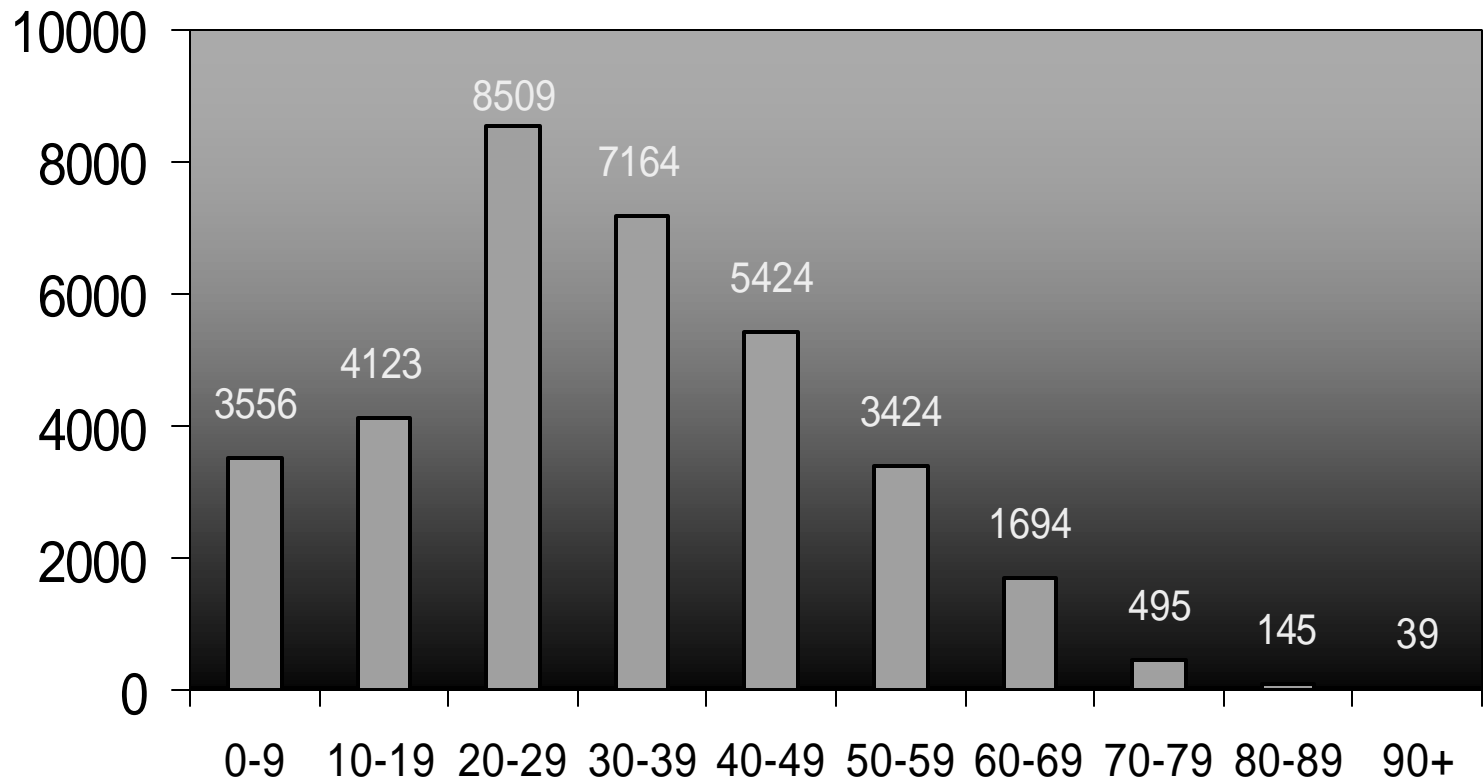
- ☞ Common Eligibility Tool, Screens for Medical Assistance and Charitable Programs
  - ☞ In use since August 2002
  - ☞ 37,179 interviews of uninsured people completed by January 1, 2004
  - ☞ Current average: 6,000 screens per month
  - ☞ Average screening time: 3.1 minutes
- 



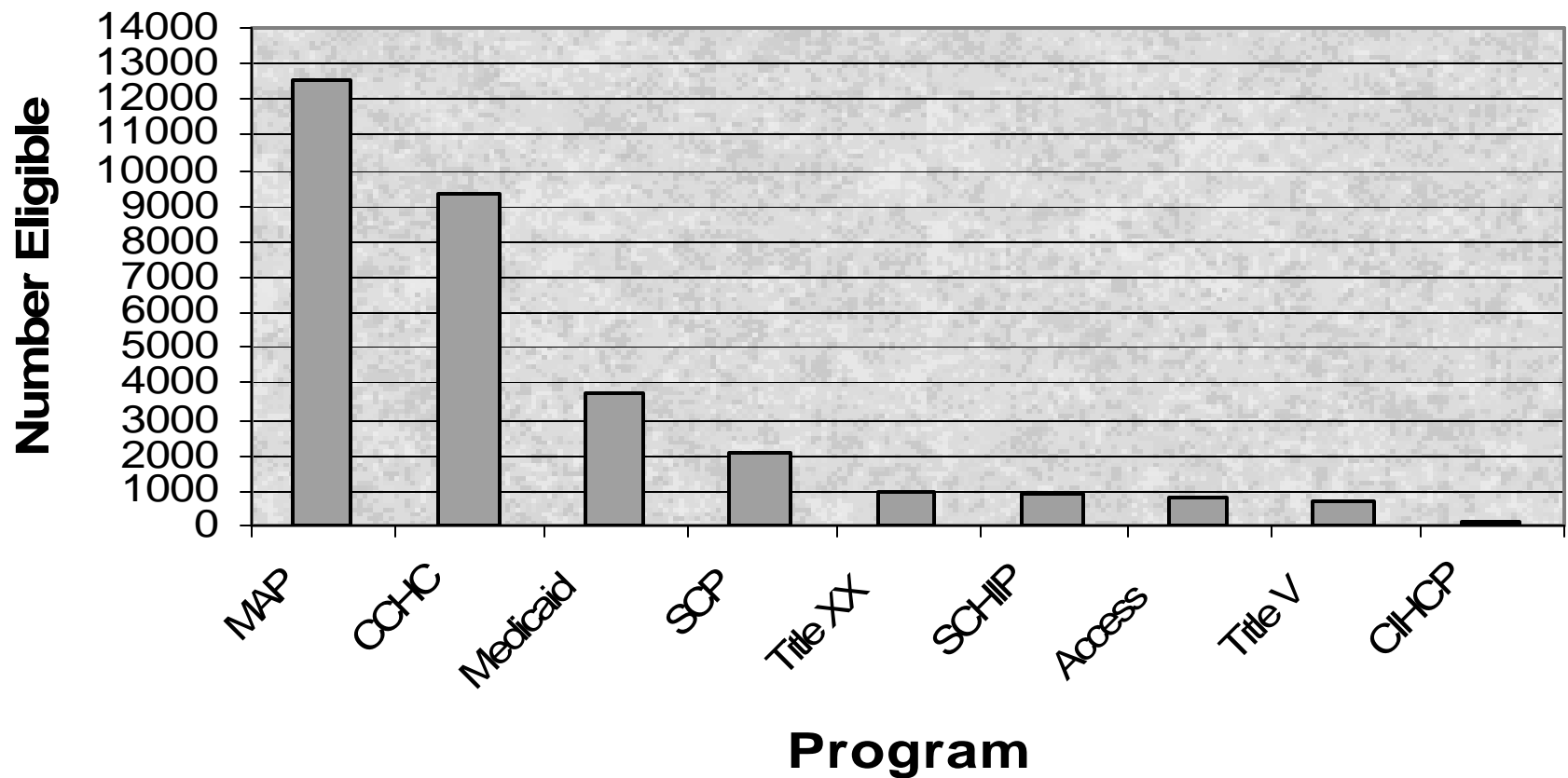
# Medicaider Process

- Uninsured patient is screened anonymously by provider or service agency at the time of encounter.
  - After screening, Medicaid/SCHIP eligible patients are asked to provide name and phone number to receive application assistance.
  - Medicaider information is saved in Case Tracker.
  - Insure-a-Kid outreach worker logs on to Case Tracker from central location and follows up with patient.
- 

# Uninsured Patients Screened by Age thru 2003




# Eligibility of Uninsured Patients Screened through December 2003

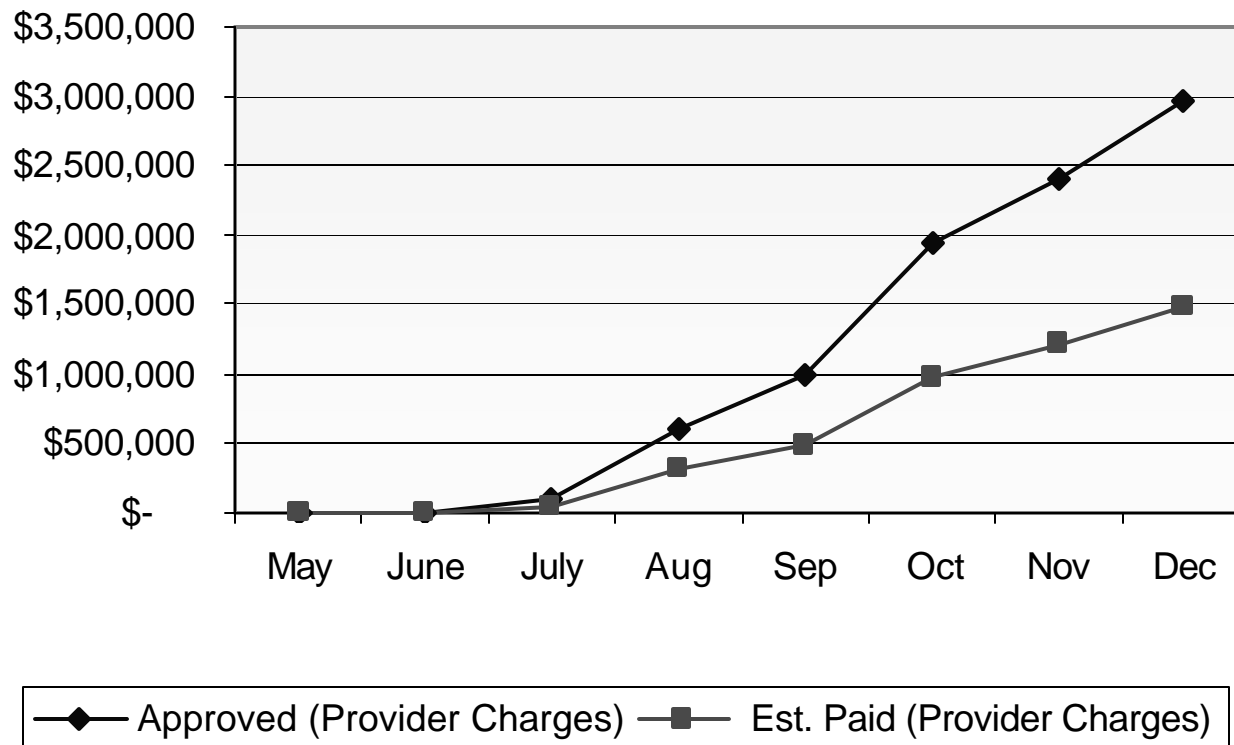




# Impact: Medicaid and Case Tracker

- Since July 1, 2003, ICC members have been reducing the number of uninsured people in Central Texas by over 100 per month using Medicaid and Case Tracker.
- 

# Safety Net Provider Benefits from Medicaid (Cumulative)









icare






# I-Care System Structure

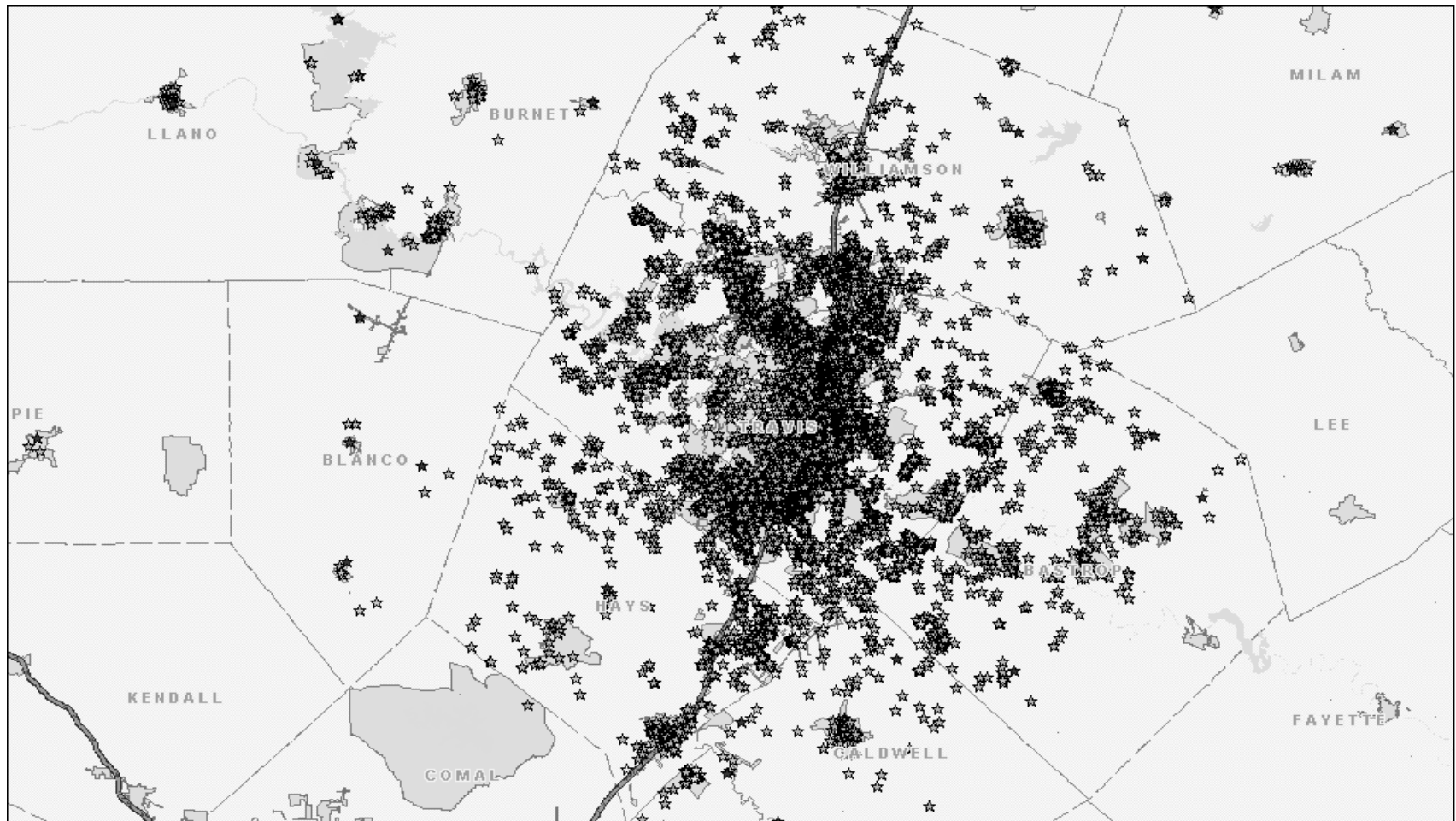
- ✧ I-Care is a Master Patient Index (MPI) and Clinical Data Repository (CDR).
  - ✧ ICC contracts with EPIC and Ascension ISD for software and ASP services.
  - ✧ Electronic interfaces are constructed with existing safety net provider electronic databases to build a shared health record.
  - ✧ Record includes encounter codes (ICD9, CPT), some pharmacy, and will have lab.
  - ✧ No duplicate data entry.
- 




# MPI /CDR Status: January 9, 2004

- ✓ **251,025 patients** in MPI/CDR (93% uninsured).
    - 161,907 patients with at least one encounter.
    - 29,586 patients with authorizations (18% of those with encounters).
  - ✓ **491,311 visit encounters.**
  - ✓ 43,697 pharmacy encounters.
- 

# MPI: Patient Mapping – System Wide and by Subgroups




Source: ICC Master Patient Index, 2003



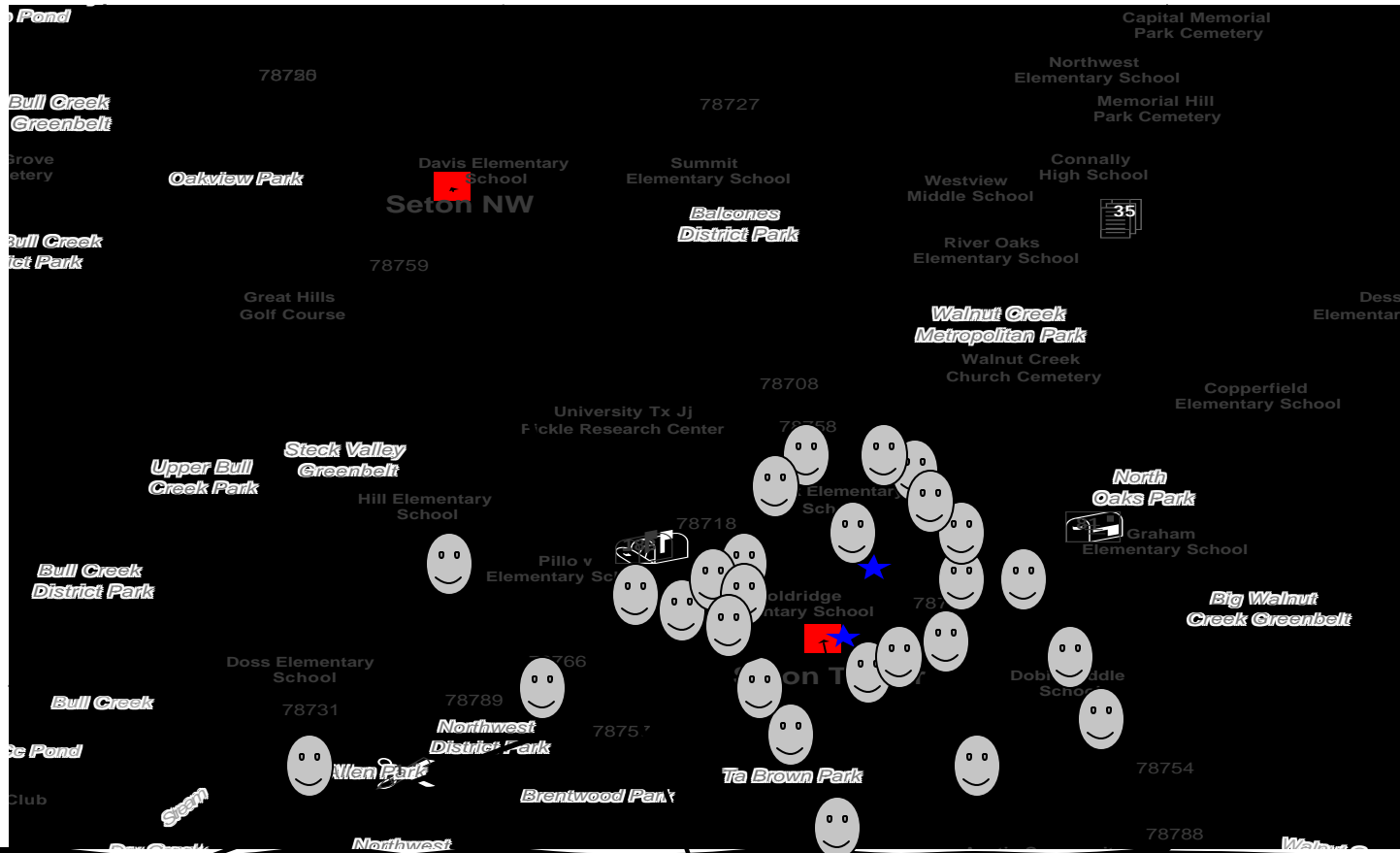
# **CDR 2003: For What Do Uninsured People Use a System of Care?**

In 2003, The Top 50 Diagnoses Accounted for 57% of all Diagnoses.

Women's Reproductive Health, and Chronic Conditions, Dominated the Diagnoses List, with Acute Disease and Child Health Following.

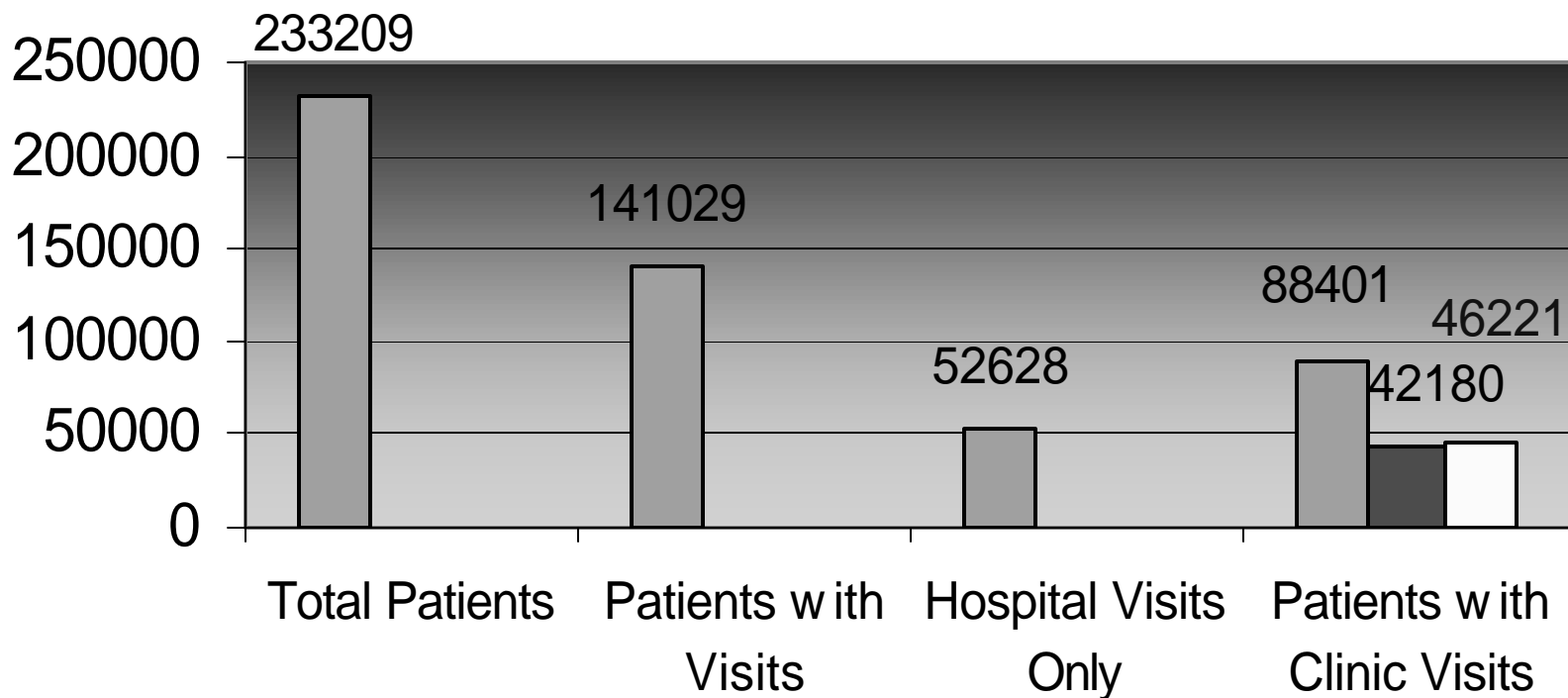


# Flu Patients, Oct/Nov 2003, Seton Topfer Clinic v. Seton NW Hospital



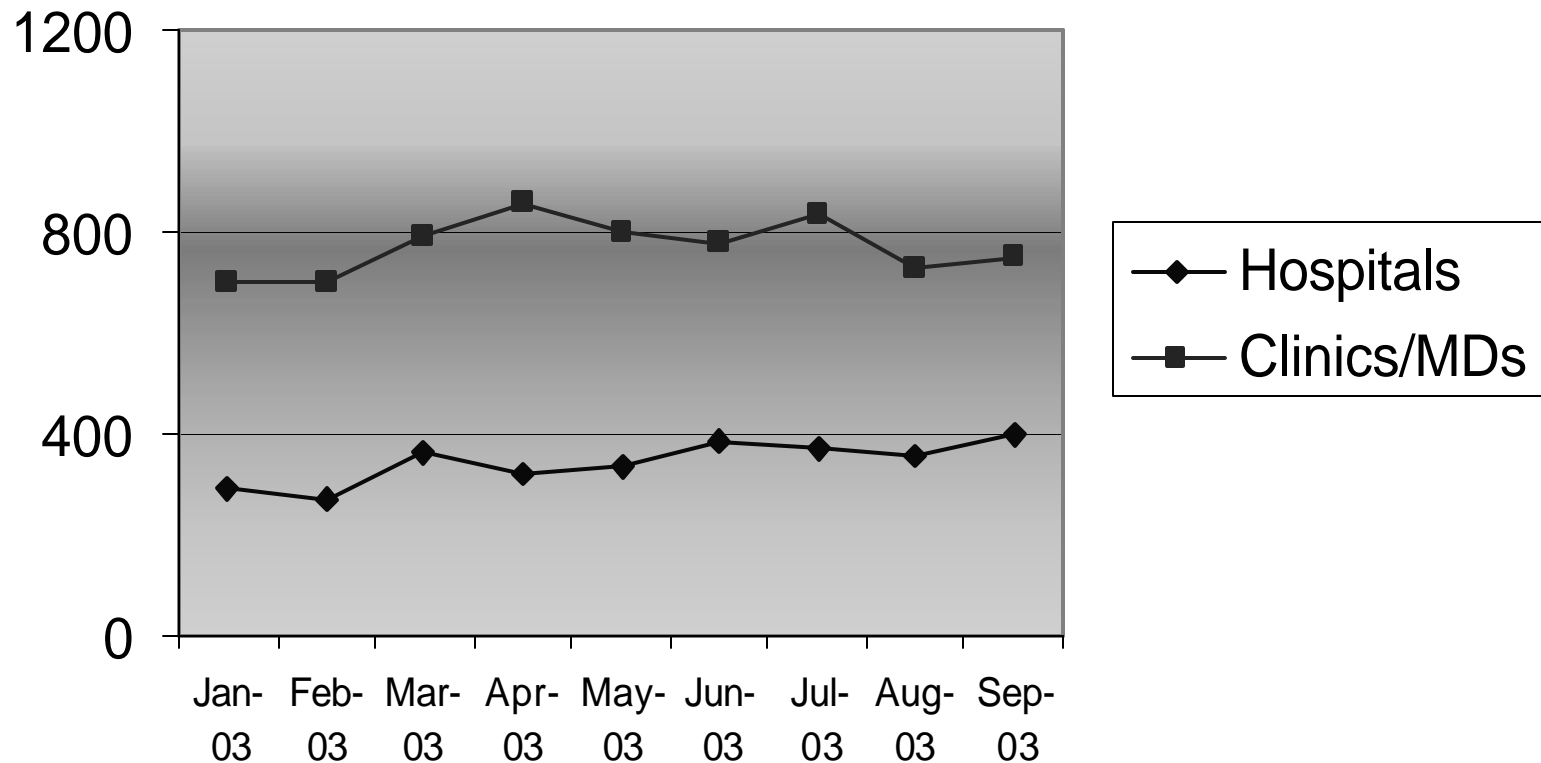
# Medical Home Analysis through November 2003

■ Patients ■ Visits to Multiple Clinics □ Visits to One Clinic (Medical Home)



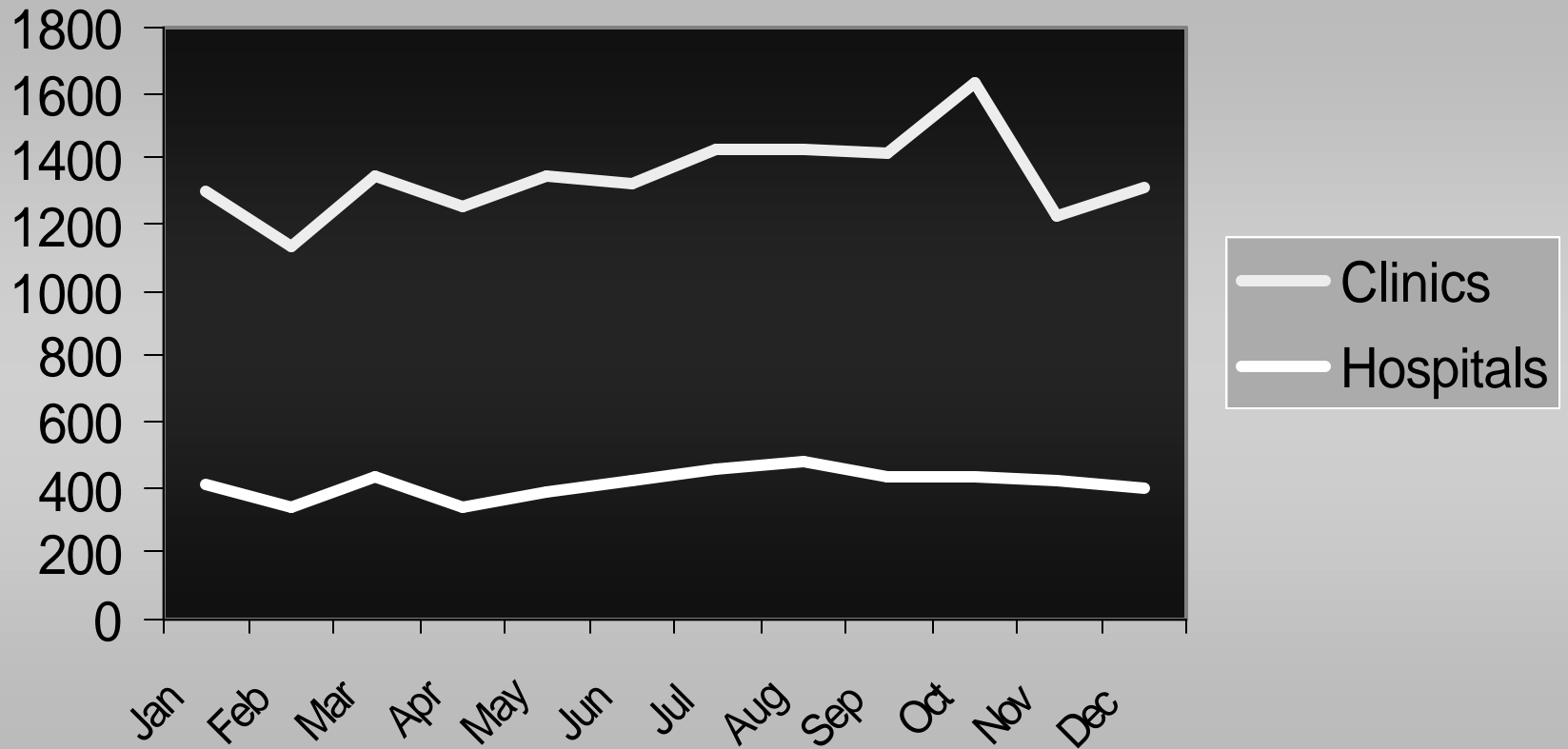
# CDR: Demonstrating Relationships between Clinic and Hospital Care

## Hypertension Diagnoses

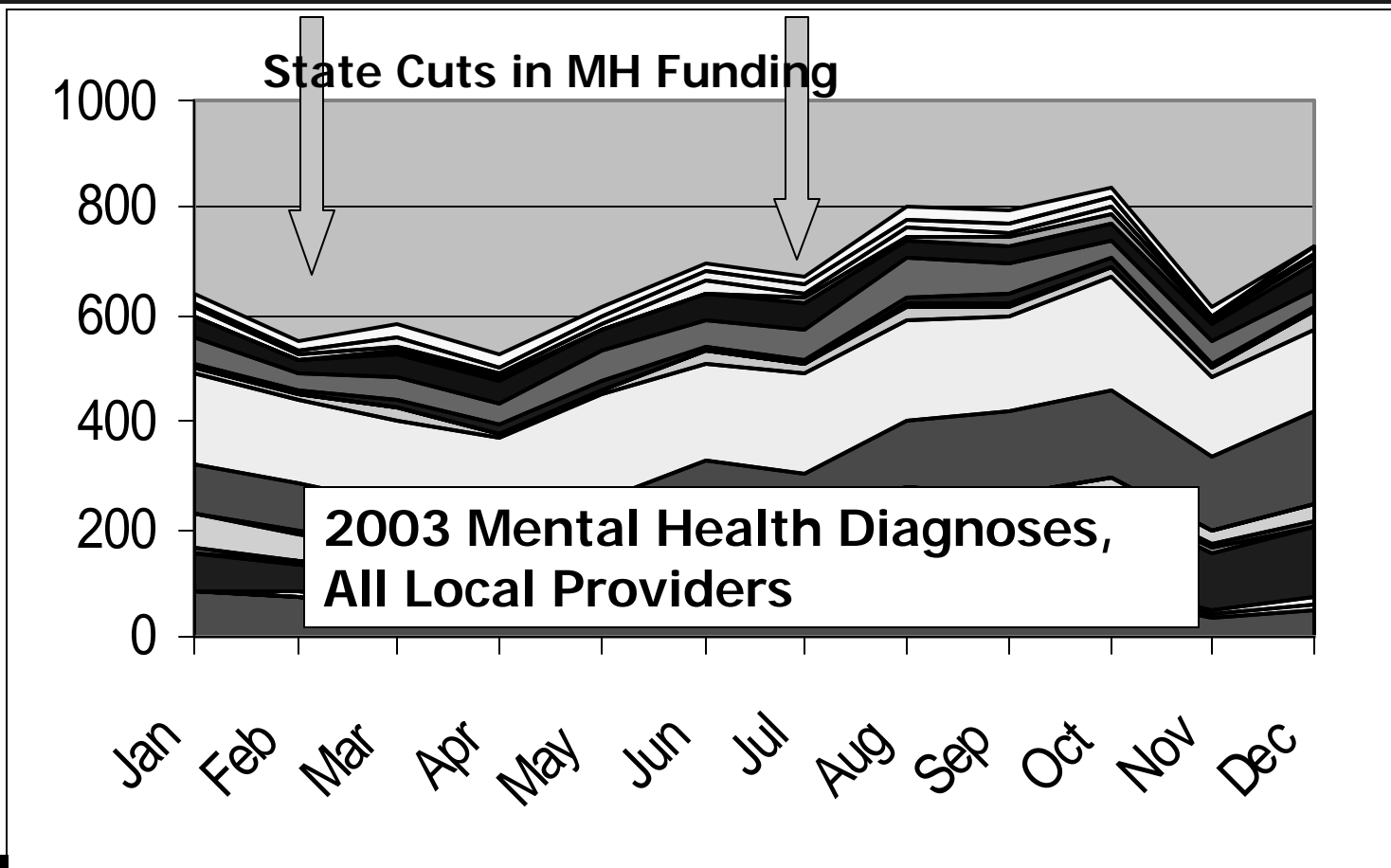




# Diabetes: Documenting the Differing Trends in Diagnoses



# Mental Health: Measuring the Effects of Policy Changes





# Using the MPI/CDR To Evaluate Effectiveness of Interventions

**"It is worth noting that the patient who reported going to the ED eleven times within the past 3 months, had actually 'only' been in the ED seven times between April and June 2003, according to the ICC's MPI/CDR data warehouse. However, the patient had been seen an additional 9 times since December 2002, for a total of 16 ED visits between December 2002 and June 2003. This patient was referred into the EMerge program on June 23, 2003 and since that time, has only had one ED visit in August."**

# MPI/CDR: Patient Histories Across Providers

## Date of Service and Diagnosis:

## Location:

**1/14/2003**

**305.90-DRUG ABUSE NEC-UNSPEC  
311-DEPRESSIVE DISORDER NEC**

**BRACKENRIDGE  
BRACKENRIDGE**

**2/12/2003**

**780.79-OTHER MALAISE AND FATIGUE  
789.00-ABDOMINAL PAIN UNSPEC SITE**

**SETON NORTHWEST  
SETON NORTHWEST**

**3/22/2003**

**305.90-DRUG ABUSE NEC-UNSPEC  
300.9-NEUROTIC DISORDER NOS  
311-DEPRESSIVE DISORDER NEC**

**BRACKENRIDGE  
BRACKENRIDGE  
BRACKENRIDGE**

**5/18/2003**

**E968.2-ASSAULT-STRIKING W OBJ  
813.43-FX DISTAL ULNA-CLOSED**

**SETON NORTHWEST  
SETON NORTHWEST**


# Building a Health Record through Merging Patient Encounters

3/7/03	Contraceptive Management	ATCOH
7/7/03	Abdominal Pain	ATCOH
7/10/03	Ovarian Cyst	Brack
7/21/03	Abdominal Pain, Contraceptive Management	ATCOH
8/14/03	Administrative Encounter	Brack
8/27/03	Ovarian Cyst	SSW
9/15/03	Contraceptive Management, Ovarian Cyst	ATCOH
9/23/03	Pain in Joint, Abnormality of Gait	St David's
10/1/03	Plica Syndrome, Ankylosis Lower Leg	SNW

# Predicting and Altering the Future?...

12/31/02	355.8 - Mononeuritis Leg NOS	Brackenridge Hospital
1/5/03	729.5 - Pain in Limb	Brackenridge Hospital
1/15/03	355.2 - Femoral Nerve Lesion	ATC Manor
1/16/03	728.9 - Muscle/Ligament Dis NOS	Brackenridge Hospital
	719.70- Difficult Walk NOS	
	355.9 - Mononeuritis	
2/14/03	355.9 - Mononeuritis	ATC Manor
4/18/03	729.5 - Pain in Limb	ATC Manor
4/30/03	977.8 - Poisoning-Medicinal	Brackenridge Hospital
	305.90- Drug Abuse NEC-Unspec	
5/13/03	975.2 - Poisoning-Skelet Muscle	Seton Medical Center
	E950.4- Suicide – Drug/Med NEC	

.....As of 2/2003, also an ATCMHMR Center Patient



# MPI/CDR: What We've Learned

- ✧ Focus equally on technical, legal, and business operations.
  - ✧ Don't require duplicate data entry.
  - ✧ It takes time and money to build clinical data repositories – but they can be built quickly.
  - ✧ The system data are only as good as the data that are sent (maybe a little better).
  - ✧ The system should have in it something useful (i.e., something they'll pay for) for the customers who will eventually pay.
- 